

**PSJ4 SOL Opp Exh 41**

Message

**From:** Emma, Douglas [/O=CAH/OU=CARDINAL HEALTH/CN=RECIPIENTS/CN=DOUGLAS.EMMA]  
**Sent:** 4/12/2013 5:33:01 PM  
**To:** Forst, Christopher [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Christopher.Forst]; Cameron, Todd [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Todd.Cameron]  
**CC:** Anna-Soisson, Kimberly [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Kimberly.anna-soisson]; Ng, Janet [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Janet.ng]; Brady, William [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Brady, William8ac]  
**Subject:** RE: Just a thought

Chris/Todd,

My approach is to review the entire order by line item to determine whether the [REDACTED]

[REDACTED] When it gets to this point, I have no control on how the account got there and my decision is based using my professional judgment on a case by case basis. Otherwise the number is the number and if the account is ordering an item outside their normal pattern the order is cut and reported.

Since we no longer monitor threshold events for that book of business and not fully aware of the training guidelines given the CC team this apparent deficiency may need to be reviewed to solidify our process. In Kimberly's scenario she makes some very important points which may require a second level review or some type of escalation process to close the loop rather than relying solely on analytics.

Doug

**Doug Emma, RPh**  
Manager Supply Chain Integrity  
Quality & Regulatory Affairs  
Cardinal Health | 7601 NE Gardner Ave  
Kansas City, MO 64120  
direct: 816-242-6122 fax: 614-652-4253

---

**From:** Brady, William  
**Sent:** Friday, April 12, 2013 10:20 AM  
**To:** Forst, Christopher; Cameron, Todd  
**Cc:** Anna-Soisson, Kimberly; Emma, Douglas; Ng, Janet  
**Subject:** RE: Just a thought

Chris,

In situations such as the one described, perhaps in scenarios such as the case outlined below, the ability to [REDACTED]  
[REDACTED]

Thanks,

William J Brady, RPH.  
Manager, Supply Chain Integrity  
and Regulatory Operations  
Cardinal Health  
[william.brady@cardinalhealth.com](mailto:william.brady@cardinalhealth.com)

---

**From:** Forst, Christopher  
**Sent:** Friday, April 12, 2013 9:36 AM  
**To:** Cameron, Todd  
**Cc:** Anna-Soisson, Kimberly; Brady, William; Emma, Douglas; Ng, Janet  
**Subject:** RE: Just a thought

Todd,

I agree with Kimberly, I don't see these scenarios as much as the other pharmacists since they do the bulk of the reviews but it does seem like we need to address this issue from an "optics" standpoint. Other pharmacists what do you think?

Chris

---

Christopher J. Forst, BSPHA, MPA, FAPHA  
Director, Supply Chain Integrity and Regulatory Operations

---

**From:** Anna-Soisson, Kimberly  
**Sent:** Friday, April 12, 2013 10:31 AM  
**To:** Cameron, Todd; Forst, Christopher  
**Subject:** Just a thought

Todd/Chris:

Good morning. A few recent events suggest that we may need to consider adding or adjusting our process *or* the process exists and I am missing the process whereby we close the loop. We know that the CC team does a great job of utilizing the objective/subjective criteria to go through the process of increasing thresholds in a way that is consistent. If a customer is eligible for a TH increase a sales and/or QRA site visit is ordered if necessary by protocol based on visit history, DF, and zone. We also know that if the customer presents no *new* information that their TH is not considered for an increase and the TH remains the same. The analyst is allowed to [REDACTED] and, even if the customer is failing.

However, our policy is deficient in outlining what they should do *after a series* of SOM TH events whereby the customer is not due for an increase *and* is failing.

Example, you have a customer who consistently fails [REDACTED] retail independent or chain, nothing suggests that they are due for an increase so the analyst [REDACTED] and moves on to the next customer. Wash, rinse, repeat. Meanwhile, the customer has effectively maxed out nearly every CS category, and contains subjective file notes that indicate they are not performing due diligence, etc.....

I believe that we need to outline a process for further review to close the loop once a customer "Fails" *multiple* times. Otherwise we are identifying and documenting a problem in a consistent manner, then exiting stage right.

-K

Kimberly S. Anna-Soisson, PharmD, NP  
Manager Supply Chain Integrity  
Quality & Regulatory Affairs  
Cardinal Health  
Ft. Myers, FL  
(847)-887-5528